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DEPARTMENT OF DEFENSE

OFFICE OF CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES

AURORA, COLORADO 80045-6900

PDR

CHANGE 61
OCHAMPUS 6010.50-M
July 24, 1997

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL FOR AUTOMATED DATA PROCESSING AND REPORTING MANUAL

THE DIRECTOR, OCHAMPUS, HAS AUTHORIZED THE FOLLOWING CHANGE(S) TO OCHAMPUS MANUAL 6010.50-M, REISSUED JULY 1992:

PAGE CHANGE(S): **CHAPTERS 2, 5, 6 and 9**

REMOVE AND INSERT ATTACHED REPLACEMENT /ADDED PAGE(S):

SUMMARY OF CHANGE(S): THIS CHANGE ALIGNS DMIS-IDS AND PRIMARY CARE MANAGERS. THIS CHANGE IS ISSUED IN CONJUNCTION WITH OPERATIONS MANUAL CHANGE NO. 93.

EFFECTIVE DATE AND IMPLEMENTATION: SEPTEMBER 1, 1997.

Sheila H. Sparkman
Director, Program Development and Evaluation

ATTACHMENT(S): 79 PAGE(S)
DISTRIBUTION: 6010.50-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH THE BASIC DOCUMENT

REMOVE PAGE(S)	INSERT PAGE(S)
CHAPTER 2	
2.VI-1 THROUGH 2.VI-17	2.VI-1 THROUGH 2.VI-18
CHAPTER 5	
5.V-3 THROUGH 5.V-23	5.V-3 THROUGH 5.V-24
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6.V-13 THROUGH 6.V-34	6.V-13 THROUGH 6.V-35
CHAPTER 9	
TABLE OF CONTENTS i THROUGH iv	TABLE OF CONTENTS i THROUGH iv
9.II-5 THROUGH 9.II-6	9.II-5 THROUGH 9.II-8
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9.G-35 THROUGH 9.G-38	9.G-35 THROUGH 9.G-38

VI. INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS ("M - O")

Data Element Definition

Element Name: **Major Diagnostic Category**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-200	1	Yes
Non-Institutional	2-205	1	Yes

Primary Picture (Format) Two (2) alphanumeric characters

Definition The Major Diagnostic Category for which an NAS was issued.

Code/Value Specifications Submit in same format as DEERS response

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] ***Download from DEERS; if not applicable report blanks***

Data Element Definition

Element Name: ***PCM LOCATION DMIS-ID***

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-205	1	No
Non-Institutional	2-211	1	No

Primary Picture (Format) Four (4) alphanumeric characters.[1]

Definition *This code applies only to TRICARE PRIME enrollees. If the beneficiary is NOT enrolled in PRIME, this code must be BLANK. The PCM Location DMIS-ID is the DMIS-ID where the PRIME enrollee's primary care manager (PCM) is located. If the PCM is located at an MTF/Clinic (Enrollment Status Code "Z"), this code will be the DMIS-ID of the specific MTF/Clinic. Whereas, if the PCM is located within the MCS contractor network (Enrollment Status Code "U"), this code will be a 6900 series. DMIS-ID relating to the appropriate region, i.e., DMIS-ID 6906 identifies region "06"; DMIS-ID 6911 identifies region "11".*

Note: The PCM Location DMIS-ID should be the same value as the "Enrollment DMIS-ID" on DEERS.

Notes and Special Instructions:

[1] ***Required entry for all PRIME enrollees, including GSU enrollees. This field is relationally edited with Enrollment Status Code Values "U" and "Z". If the Enrollment Status Code "U" or "Z" is reported to indicate a PRIME enrollee, the PCM Location DMIS-ID must be populated as stated above in the Definition paragraph. Conversely, if the PCM Location DMIS-ID is BLANK, Enrollment Status Code "U" or "Z" must not be reported.***

Note: At enrollment into PRIME, the MCS contractors upload DEERS with a "PCM Location Code" value "00" for MTF/Clinics PCMs or "01" for network PCMs. The MCS Contractors then download these codes at claims processing time and report them on HCSRs as "U" or "Z", accordingly.

[2] ***If the beneficiary is not enrolled in PRIME, the PCM Location DMIS-ID must be BLANK and Enrollment Status Code "U" or "Z" must not be reported.***

Data Element Definition

Element Name: ***PCM LOCATION DMIS-ID (Continued)***

Code/Value Specifications *The PCM Location DMIS-ID for MCS contractor networks (Enrollment Status Code "U") in Conus ranges from 6900 through 6912. For Europe, the range is from 6913 through 6915. The PCM Location DMIS-ID for an MTF/Clinic PCM (Enrollment Status Code "Z") will be a valid DMIS-ID provided in the DoD Catchment Area Directory, CAD. The PCM Location DMIS-ID must be BLANK for beneficiaries not enrolled TRICARE PRIME.*

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	*PCM Location DMIS-ID* Code

Notes and Special Instructions:

[1] ***Required entry for all PRIME enrollees, including GSU enrollees. This field is relationally edited with Enrollment Status Code Values "U" and "Z". If the Enrollment Status Code "U" or "Z" is reported to indicate a PRIME enrollee, the PCM Location DMIS-ID must be populated as stated above in the Definition paragraph. Conversely, if the PCM Location DMIS-ID is BLANK, Enrollment Status Code "U" or "Z" must not be reported.***

Note: At enrollment into PRIME, the MCS contractors upload DEERS with a "PCM Location Code" value "00" for MTF/Clinics PCMs or "01" for network PCMs. The MCS Contractors then download these codes at claims processing time and report them on HCSRs as "U" or "Z", accordingly.

[2] ***If the beneficiary is not enrolled in PRIME, the PCM Location DMIS-ID must be BLANK and Enrollment Status Code "U" or "Z" must not be reported.***

Data Element Definition

Element Name: **NAS Exception Reason**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-180	1	Yes[1]
Non-Institutional	2-180	1	Yes[1]

Primary Picture (Format) Two (2) alphanumeric characters[2].

Definition Code that describes the reason for bypassing the requirement of a Nonavailability Statement (NAS).

Code/Value Specifications

Inpatient

All FI/Contractors are required to process for Nonavailability Statements for Inpatient Care

Residing Within the Catchment Areas of All Uniformed Services Medical Facilities (DD Form 1251 **not required**)

1 Enrollment in an insurance plan that provides primary coverage

2 Emergency medical treatment

3 Inpatient care in a college infirmary

4 Inpatient care in an approved nursing facility

5 Residential Treatment Center

6 Partnerships/Resource Sharing

7 Specialized Treatment Facility, e.g., Alcohol Treatment Facility

8 Heart, Cadaver Donor, Liver transplant (Heart only after 7/15/96)

9 CHAMPUS Demonstration Projects that allow exception to NAS requirements

Notes and Special Instructions:

[1] ***Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.***

[2] ***When using single digit codes, left justify and blank.***

Data Element Definition (Continued)

Element Name: **NAS Exception Reason (Continued)**

Code/Value Specifications (Continued)

A NAS not required for the first 3 days of routine care for a newborn of
1. An active duty member;
2. A mother whose OHI does not cover the newborn;
3. An illegitimate child of an active duty sponsor.

B Former spouse with pre-existing condition, not on DEERS and NAS required.

C Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.

D Delivery in a free standing birthing center or hospital outpatient birthing room

E Lung Transplant

F Combined Liver-Kidney Transplant

G Medically Inappropriate Waiver

H Heart-Lung Transplant

I TRICARE-Tidewater Drug Claim

J TRICARE-Tidewater Preventative Care Claim

K Continued Health Care Benefit Program (CHCBP)

L Hospice

M Abused Dependent

O Living-Related Donor Liver Transplant

P Hardship Waiver for STS

Q Active Duty Claims

Notes and Special Instructions:

[1] ***Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.***

[2] ***When using single digit codes, left justify and blank.***

Data Element Definition (Continued)

Element Name: **NAS Exception Reason (Continued)**

The following is the order of precedence for NAS Exception Reason codes when a CHAMPUS beneficiary resides within a catchment area and several codes could apply. The choice of code depends on the type or place of care or other health insurance coverage, not on whether a Non-Availability Statement (NAS) is submitted.

Code/Value Specifications (Continued)

Order	NAS Exception Reason	Description
1st	9	CHAMPUS Demonstration Projects
2nd	8	Heart/Liver transplant
3rd	E	Lung Transplant
4th	F	Combined Liver-Kidney Transplant
5th	2	Emergency medical treatment
6th	1	Coverage by other insurance - See COM-FI Part Two, Chapter 3 (for FIs) or OPM Part Two, Chapter 3 (for Contractors)
7th	3	Inpatient care in college infirmary
8th	4	Inpatient care in approved nursing facility
9th	5	Residential Treatment Center care
10th	6	Partnerships
11th	7	Specialized Treatment Facility, e.g., Alcohol Treatment Facility

Notes and Special Instructions:

[1] ***Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.***

[2] ***When using single digit codes, left justify and blank.***

Data Element Definition (Continued)

Element Name: **NAS Exception Reason (Continued)**

	Order	NAS Exception Reason	Description
Code/Value Specifications (Continued)	12th	D	Delivery in a free standing birthing center or hospital outpatient birthing room
	13th	A	Routine care for newborn of an active duty member
	14th	B	Former spouse with pre-existing condition, not on DEERS and NAS required
	15th	C	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.
	16th	L	Hospice
	17th	Q	Active Duty Claims
	18th	O	Living-Related Donor Liver Transplant

Outpatient

All FI/Contractors are required to process for Nonavailability Statements for Outpatient Care as defined in the Policy Manual, Chapter 11, Section 2.1

Residing Within the Catchment Areas of All Uniformed Services Medical Facilities (DD Form 1251 **not required**)

1 Enrollment in an insurance plan that provides primary coverage

2 Emergency medical treatment

3 Care in a college infirmary

Notes and Special Instructions:

[1] ***Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.***

[2] ***When using single digit codes, left justify and blank.***

Data Element Definition (Continued)

Element Name: **NAS Exception Reason (Continued)**

Code/Value Specifications (Continued)

Order	NAS Exception Reason	Description
	6	Partnerships/Resource Sharing
	7	Specialized Treatment Facility, e.g., Alcohol Treatment Facility ***Note:*** *An Outpatient Nonavailability Statement* **is** *required for the selected procedures when performed in an ambulatory surgery center.*
	9	CHAMPUS Demonstration Projects that allow exception to NAS requirements
	B	Former spouse with pre-existing condition, not on DEERS and NAS required.
	C	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.
	I	TRICARE-Tidewater Drug Claim
	J	TRICARE-Tidewater Preventative Care Claim
	K	Continued Health Care Benefit Program (CHCBP)
	L	Hospice
	Q	Active Duty Claims

The following is the order of precedence for NAS Exception Reason codes when a CHAMPUS beneficiary resides within a catchment area and several codes could apply. The choice of code depends on the type or place of care or other health insurance coverage, not on whether a Non-Availability Statement (NAS) is submitted.

Notes and Special Instructions:

[1] ***Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.***

[2] ***When using single digit codes, left justify and blank.***

Data Element Definition (Continued)

Element Name: **NAS Exception Reason (Continued)**

	Order	NAS Exception Reason	Description
Code/Value Specifications (Continued)	1st	9	CHAMPUS Demonstration Projects
	2nd	2	Emergency medical treatment
	3rd	I	TRICARE-Tidewater Drug Claim
	4th	J	TRICARE-Tidewater Preventative Care Claim
	5th	1	Coverage by other insurance - See COM-FI Part Two, Chapter 3 (for FIs) or OPM Part Two, Chapter 3 (for Contractors)
	6th	3	Care in college infirmary
	7th	6	Partnerships/Resource Sharing
	8th	7	Specialized Treatment Facility, e.g., Alcohol Treatment Facility or PFPWD facility, **other than an ambulatory surgery center**
	9th	B	Former spouse with pre-existing condition, not on DEERS and NAS required
	10th	C	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.

Notes and Special Instructions:

[1] ***Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.***

[2] ***When using single digit codes, left justify and blank.***

Data Element Definition (Continued)

Element Name: **NAS Exception Reason (Continued)**

	Order	NAS Exception Reason	Description
Code/Value Specifications (Continued)	11th	L	Hospice
	12th	Q	Active Duty Claims

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	Processing Code

Notes and Special Instructions:

1 ***Required if applicable to HCSR as defined in NAS Exception Reason Specifications. If not applicable, report blank.***

2 ***When using single digit codes, left justify and blank.***

Data Element Definition

Element Name: **Nonavailability Statement (NAS) Number**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-110	1	Yes[1]
Non-Institutional	2-110	1	Yes[1]

Primary Picture (Format) Eleven (11) alphanumeric characters

Definition Unique number assigned by the MTF when issuing the NAS. This number is carried on the DEERS database.

Code/Value Specifications Submit in same format as DEERS response. Code 46000000000 when reporting NAS on file and copy of NAS is not attached to the claim. Code 47000000000 if HCSR is complete denial for other than Nonavailability Statement not provided. (Codes 46000000000 and 47000000000 are valid for HCSRs with a Date of Admission/Begin date of care < 11/1/92.) Code 46000000000 will continue to be valid if Filing State/ Country Code is not numeric and ≠ 'PR'.

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] ***Download field from DEERS (or from hardcopy if attached to claim). Required if inpatient care and patient lives within a catchment area, or outpatient care for selected outpatient procedures (see Policy Manual, Chapter 11, Section 2.1.) and patient lives within a catchment area. Can be blank if the record is denied for lack of NAS, or HCSR contains treatment data exempt from NAS requirement (refer to NAS Exception Reason [1-180, 2-180]).***

Data Element Definition

Element Name: **Number of Births**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-290	1	Yes[1]

Primary Picture (Format) One (1) signed numeric digit.

Definition Number of births, both live and stillborn, occurring during delivery.

Code/Value Specifications Use V Codes to define 1, 2 or multiple births. Number of births must agree with the diagnosis code. If the actual number of births is present on the claim form or supporting documents, it must be reported accordingly. Only in those cases where this is not available, report the number of births as follows:

V27.0 - V27.1	1 birth
V27.2 - V27.4	2 births
V27.5 - V27.7	3 births or more
V27.9	1 birth or multiple
651.80, 81, 83	5 births
651.91	3 births

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] ***Required for delivery. Reported on the mother's HCSR only.***

Data Element Definition

Element Name: **Number of Payment Reduction Days/Services**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-207	1	Yes[1]
Non-Institutional	2-212	1	Yes[1]

Primary Picture (Format) Three (3) signed numeric digits.

Definition Number of Payment Reduction Days/Services[2] Assessed.

Code/Value Specifications N/A

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] ***If not applicable, zero fill.***

[2] ***For Institutional records, number of payment reduction days shall be reported. For Non-Institutional records, number of payment reduction days for partial hospitalization program or number of provider services shall be reported.***

Data Element Definition

Element Name: **Number of Services**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Non-Institutional	2-300	Up to 25	Yes

Primary Picture (Format) Two (2) signed numeric digits.

Definition Number of procedures performed/services or supplies rendered for medical, dental, and mental health care.

Code/Value Specifications N/A

Algorithm Identical procedures must be combined when performed by the same provider, with the same charge for each, and within the same calendar month, provided the reason for allowance/denial is the same for each charge. For ambulance services, allergy testing, DME rental, POV mileage for PFPWD, or anesthesiology, enter 01 for each service regardless of length of time, number of base units or mileage. Allowed prescription drugs must be combined separately from disallowed prescription drugs. For prescriptions report the number of prescriptions.

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

N/A

Data Element Definition

Element Name: **Occurrence Number**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-385	Up to 50	Yes
Non-Institutional	2-335	Up to 25	Yes

Primary Picture (Format) Two (2) unsigned numeric digits.

Definition A unique number for each utilization/revenue data occurrence within the HCSR. Occurrence numbers must be assigned in sequential ascending order.

Code/Value Specifications N/A

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

N/A

Data Element Definition

Element Name: **Override Code**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-170	1	Yes[1]
Non-Institutional	2-170	1	Yes[1]

Primary Picture (Format) Six (6) alpha characters.

Definition Code that provides indication that questionable information has been verified

Code/Value Specifications

A Patient is over 65

B Patient is a spouse under 12 years of age

C Good faith claim; payment has been made. See *COM-FI Part Two, Chapter 1, Section IV.B., Section IV.C.*, and *Section IV.D.*, (for FIs) or *OPM Part Two, Chapter 1, Section IV.B., Section IV.C.*, and *Section IV.D.*, (for Contractors)

D Patient is dependent 21 years of age and over 18 for VA

E Diagnosis is maternity; patient is under 12 years of age

F Claim was filed after the filing deadline. See *COM-FI Part Two, Chapter 1, Section IV.B., Section IV.C.*, and *Section IV.D.*, (for FIs) or *OPM Part Two, Chapter 1, Section IV.B., Section IV.C.*, and *Section IV.D.*, (for Contractors)

G Diagnosis/Procedural code for female; sex indicates male

H Diagnosis/Procedural code for male, sex indicates female

Notes and Special Instructions:

[1] ***Required if override code is applicable to override OCHAMPUS edit checking. Can report 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two characters: left justify and blank fill***

Data Element Definition

Element Name: **Override Code (Continued)**

Code/Value Specifications (Continued)

I Patient is a former spouse under 34 years of age

J Successive admission (patient is dependent of an Active Duty Sponsor and cost-share is based on both current and prior admission)

K Catastrophic loss protection limit reached, patient cost-share and deductible rules do not apply

L Non-DRG reimbursement using DRG-related cost-share calculation 1988 DoD Appropriations Act

M NATO, Social Security Number not applicable

N Retrospective payment - Inpatient Mental Health

O Government payment penalties applied

P Reserved (to be used only with OCHAMPUS authorization)

Q Former Spouse with Pre-Existing Condition

R Patient date of birth is not consistent with procedure/diagnosis code age restricting; procedure performed due to medical necessity

S Zip code override to be used when a beneficiary has moved out of a region and the FI/Contractor is still responsible for the care claimed.

T MHPD Recalculation of rates, no cost-share applied

U Beneficiary indemnification payment

V Active Duty Dependent, services provided in OCHAMPUSEUR

Notes and Special Instructions:

[1] ***Required if override code is applicable to override OCHAMPUS edit checking. Can report 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two characters: left justify and blank fill***

Data Element Definition

Element Name: **Override Code (Continued)**

Code/Value Specifications (Continued)

Y Newborn in mother's room without nursery charges

Z Enhanced benefit (CRI Contractors only)

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] ***Required if override code is applicable to override OCHAMPUS edit checking. Can report 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two characters: left justify and blank fill***